

Introduction

Vaccines are essential in preventing disease. Remember the basics but know that recommendations change annually due to breakthroughs and additional data. The **only absolute contraindication to immunizations is anaphylaxis** with previous administration. Others (like mild to moderate illness) should not prevent administration.

Note that these are the American requirements – if you leave the continent the list gets longer as you add on vaccines for tropical diseases.

Previous anaphylaxis with immunization? Don't give it again.

Test-Worthy Notes and Happenings

The **HPV immunization** can be given as early as 9 years of age and is recommended for both boys and girls. In practice, giving the vaccine early scares parents – stress that it's to build the immune response well before being sexually active. **It doesn't increase promiscuity.**

Egg allergy is NOT a contraindication to influenza vaccine. True anaphylaxis can receive the recombinant vaccine if 18 yrs. If reaction is non-anaphylactic, the inactivated vaccine may be given with 30 minutes of observation after administration. Also, MMR doesn't have significant cross-reactivity with any egg allergy - it may be given (see Peds – Vaccinations).

Trendy news: the CDC's Advisory Committee on Immunization Practices (ACIP) recommended that the live attenuated influenza vaccine (LAIV) not be used during the 2016-17 flu season due to concerns over its efficacy. Won't be tested but good clinical info.

Pneumococcal immunization is now infinitely confusing as there are now 23 and 13 valent doses which need to be considered. Per current schedule, 13 series is being completed in childhood. There must be a one-year gap between 13 and 23 administration with an exception: immunocompromised, asplenic, CSF leak, and cochlear implants may receive 23 at least 8 weeks after 13 administration. **"13 before 60, 23 after 65".**

Pneumococcal guidelines

- Don't give 23 and 13 at same visit (for most part, need 1 yr gap)
- 13 series completed in childhood
- 13 and 23 continued if high risk conditions
- Give 13 first if both are needed

<i>Vaccine</i>	<i>Age/Frequency</i>	<i>Appropriate</i>	<i>Contraindicated</i>
Tdap	q 10 yrs	≥ 3 doses – Clean & > 10 yr - Tdp – Dirty & > 5 years - Tdap < 3 dose – Clean Wound - Tdap – Dirty Wound - Tdap+TIG	Encephalopathy & previous administration
Pneumococcal	Complete 13 as a kid Get 23 for old people or kid with risk factors	"13 before 60, 23 after 65"	Do not give 23 and 13 at same visit
Zoster	Once ≥ 60	Everybody regardless of previous varicella dz	Severe immunodeficiency (Live Attenuated)
Hep A/B	Usually completed in childhood	Hep A x 2 Hep B x 3 Pick up where you left off	Ø
Meningococcus	Age 11	College, military, Hajj to Mecca	Ø
HPV	♀ and ♂ 9-26 yrs	Everyone. It prevents cancer	Ø
MMRV	All children	All children	↓ immune system Pregnancy
HiB	All children	All children	Ø
Influenza	Annually	Everybody	If Anaphylactic rxn to egg Can use if only rash Else use recombinant if >18 yrs

*We strive to maintain an up-to-date list. However, a list of adult vaccinations is maintained by the CDC [here](#).

*A full list of contraindications is maintained by the CDC [here](#).